

4056

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH  
 County of Graham  
 District of Duncan  
 Town of Sheldon  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 228  
 Co. Register No. 126  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Alvin Lee Campbell  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } ~~NO~~  
 Alive } YES

Sex of Child <u>Male</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 16</u> 19 <u>22</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Albert Nolan Campbell</u>			Full Maiden Name <u>Margie Lois White</u>		
Residence <u>Sheldon, Gz</u>			Residence <u>Sheldon, Gz</u>		
Color or Race <u>White</u>	Age at last Birthday <u>21</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>30</u> (Years)	
Birthplace <u>Gz</u>			Birthplace <u>New Mex</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>161</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 16 1922, at 5 P M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

(Attending physician, midwife, householder.\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address

Filed 9-7 1922

133-816-465  
 COUNTY REGISTRAR.

A True Copy

Filed SEP 15 1922

COUNTY REGISTRAR.